



Kansas State Employee Health Plan (No Drug)

Annual Notice of Changes for 2014

You are currently enrolled as a member of Advantra Freedom (PPO), a Coventry Medicare Advantage plan. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

You may make a change during the annual enrollment period offered by your Employer Group, Union, or Benefit Trust.

Additional Resources

- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This document may be available in Braille or large print.

About Coventry Medicare Advantage (PPO)

- Coventry Health and Life Insurance Company is a Coordinated Care plan with a Medicare contract. Enrollment in our plan depends on contract renewal.
- When this booklet says "we", "us", or "our", it means Coventry Health and Life Insurance Company. When it says "plan" or "our plan", it means Coventry Medicare Advantage (PPO).

Think about Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

- ☐ **Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Sections 1.5 and 1.6 for information about benefit and cost changes for our plan.
- ☐ **Check to see if your doctors and other providers will be in our network next year.** Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 1.3 for information about our Provider/Pharmacy Directory.
- ☐ **Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- ☐ **Think about whether you are happy with our plan.**

If you decide to stay with Kansas State Employee Health Plan (No Drug):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change by December 7, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans between November 1 and November 30. If you enroll in a new plan, your new coverage will begin on January 1, 2014. Look in Section 3.2 to learn more about your choices.

Summary of Important Costs for 2014

The table below compares the 2013 costs and 2014 costs for Kansas State Employee Health Plan in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.**

	2013 (this year)	2014 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$161.00	\$83.00
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From in-network providers: \$1,000 From in-network and out-of-network providers combined: \$10,000	From in-network providers: \$1,000 From in-network and out-of-network providers combined: \$10,000
Doctor office visits	Primary care visits: \$10 copay per visit Specialist visits: \$25 copay per visit	Primary care visits: \$10 copay per visit Specialist visits: \$25 copay per visit
Inpatient hospital stays	Days 1-5: \$150 copay per day	Days 1-5: \$150 copay per day

**Annual Notice of Changes for 2014
Table of Contents**

Think about Your Medicare Coverage for Next Year	2
Summary of Important Costs for 2014	3
SECTION 1 Changes to Benefits and Costs for Next Year	5
Section 1.1 – Changes to the Monthly Premium	5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts	5
Section 1.3 – Changes to the Provider Network	7
Section 1.5 – Changes to Benefits and Costs for Medical Services	7
SECTION 2 Other Changes	8
SECTION 3 Deciding Which Plan to Choose	9
Section 3.1 – If you want to stay in Kansas State Employee Health Plan Plan.....	9
Section 3.2 – If you want to change plans	9
SECTION 4 Deadline for Changing Plans	10
SECTION 5 Programs That Offer Free Counseling about Medicare	10
SECTION 6 Questions?	12
Section 6.1 – Getting Help from Coventry Medicare Advantage (PPO).....	12
Section 6.2 – Getting Help from Medicare	13

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

	2013 (this year)	2014 (next year)
Monthly premium	\$161.00	\$83.00
(You must also continue to pay your Medicare Part B premium.)		

- Your monthly plan premium will be *more* if you are required to pay a late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach the maximum out-of-pocket amounts, you generally pay nothing for covered services for the rest of the year.

	2013 (this year)	2014 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$1,000	\$1,000 Once you have paid \$1,000 out-of-pocket for covered services from in-network providers, you will pay nothing for your covered services from in-network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$10,000	\$10,000 Once you have paid \$10,000 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of doctors and other providers for next year.

An updated Provider/Pharmacy Directory is located on our Web site at <http://providerdirectory.coventry-medicare.com>. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2014 Provider Directory to see if your providers are in our network.**

Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Medical Benefits Chart (what is covered and what you pay), in your 2014 Evidence of Coverage.

	2013 (this year)	2014 (next year)
Cervical and vaginal cancer screening	You pay a \$0 copay for an additional Pap Smear and Pelvic Exam.	An additional Pap Smear and Pelvic Exam is <u>not</u> covered.
Chiropractic Services	You pay a \$30 copay for each Medicare-covered chiropractic visit	You pay a \$20 copay for each Medicare-covered chiropractic visit
Diabetes Programs and Supplies	<p>You pay a:</p> <p>\$0 copay for Medicare-covered Diabetes self-management training.</p> <p>\$0 copay for Medicare-covered Diabetes monitoring supplies.</p> <p>\$0 copay for Medicare-covered Therapeutic shoes or inserts.</p>	<p>You pay a:</p> <p>\$0 copay for glucose monitors and Diabetic test strips from preferred vendor (One Touch/Lifescan).</p> <p>\$5 copay for diabetic test strips from non-preferred vendors (non-One Touch/Lifescan), and other diabetic supplies.</p> <p>20% of the total cost for</p>

		glucose monitors from non-preferred vendors (non-OneTouch/Lifescan).
		20% of the total cost for Medicare-covered Therapeutic shoes or inserts
Emergency Care	If you are admitted to the hospital within 72-hours for the same condition, you pay \$0 for the emergency room visit.	If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.

SECTION 2 Other Changes

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2014.

	2013 (this year)	2014 (next year)
Payment Requests for Part B Prescription Drug Address Change The address to submit payment requests for Part B Prescription Drugs has changed. For more information refer to Chapter 2, Section 1 of the EOC.	Express Scripts P.O. Box 4724 Lexington, KY 40512	Express Scripts Attn: Medicare Part D P.O. Box 2858 Clinton, IA 52733-2858

Changes in Prior Authorization/Referral Requirements

Authorization or referral may apply to select services.

Authorization or referral may apply or have been deleted to select services. You should review Chapter 4, Medical Benefits Chart in the Evidence of Coverage to determine if Authorization or referral still applies to your service. You may also call Customer Service at 1 (800)727-9712.

SECTION 3 Deciding Which Plan to Choose**Section 3.1 – If you want to stay in Kansas State Employee Health Plan Plan**

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by November 30, you will automatically stay enrolled as a member of our plan for 2014.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2014 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2014*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare Web site. Go to <http://www.medicare.gov> and click "Compare Drug and

Health Plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Kansas State Employee Health Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Kansas State Employee Health Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **November 1 until November 30**. The change will take effect on January 1, 2014.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2014, and don’t like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2014. For more information, see the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

- In Arkansas, the SHIP is called Senior Health Insurance Information Program (SHIP) (Arkansas SHIIP)
- In Kansas, the SHIP is called Senior Health Insurance Counseling for Kansas (SHICK).
- In Missouri, the SHIP is called Community Leaders Assisting the Insured in Missouri (CLAIM).
- In Oklahoma, the SHIP is called The Senior Health Insurance Counseling Program (SHIP)

The State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans.

Senior Health Insurance Information Program (SHIP) (Arkansas SHIIP)	
CALL	1 (800) 224 6330
WRITE	Arkansas Insurance Department 1200 W Third St Little Rock, AR 72201
WEBSITE	www.insurance.arkansas.gov/Seniors/divpage.htm

Senior Health Insurance Counseling for Kansas (SHICK)	
CALL	1 (800) 860-5260
WRITE	SHICK Kansas Department of Aging 503 S Kansas Ave Topeka, KS 66603
WEBSITE	http://www.kdads.ks.gov/SHICK/shick_index.html

Community Leaders Assisting the Insured in Missouri (CLAIM)	
CALL	1 (800) 390-3330
WRITE	CLAIM 200 N Keene St Columbia, MO 65201
WEBSITE	http://www.missouricclaim.org

The Senior Health Insurance Counseling Program in Oklahoma (SHIP)	
CALL	1 (800) 763 2828
WRITE	Five Corporate Plaza 3625 NW 56th St, Suite 100 Oklahoma City, Ok 73112
WEBSITE	http://ship.oid.ok.gov/

SECTION 6 Questions?

Section 6.1 – Getting Help from Coventry Medicare Advantage (PPO)

Questions? We're here to help. Please call Customer Service at 1 (800) 727-9712. (TTY only, call 711). We are available for phone calls 8 am to 8 pm, seven days a week, from October 1 - February 14, and 8 am to 8 pm, Monday - Friday, from February 15 - September 30. Calls to these numbers are free.

Read your 2014 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2014. For details, look in the 2014 *Evidence of Coverage* for Coventry Medicare Advantage (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* was included in this envelope.

Visit our Web site

You can also visit our Web site at <http://coventry-medicare.coventryhealthcare.com>. As a reminder, our Web site has the most up-to-date information about our provider network (Provider/Pharmacy Directory).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Web site

You can visit the Medicare Web site (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare Web site. (To view the information about plans, go to <http://www.medicare.gov> and click on “Compare Drug and Health Plans.”)

Read Medicare & You 2014

You can read *Medicare & You 2014* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare Web site (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



2014

SUMMARY OF BENEFITS

Kansas State Employee Health Plan(no Drug) Advantra Freedom (PPO)

offered by
Coventry Health and Life Insurance Company

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Advantra Freedom (PPO). Our plan is offered by COVENTRY HEALTH AND LIFE INSURANCE COMPANY which is also called COVENTRY HEALTH CARE, a Medicare Advantage Preferred Provider Organization (PPO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Advantra Freedom (PPO) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like Advantra Freedom (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Advantra Freedom (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Advantra Freedom (PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS Advantra Freedom (PPO) AVAILABLE?

The Service area for this plan includes all continental states, all counties

WHO IS ELIGIBLE TO JOIN Advantra Freedom (PPO)?

You can join Advantra Freedom (PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Advantra Freedom (PPO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Advantra Freedom (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at <http://providerdirectory.coventry-medicare.com>. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Advantra Freedom (PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://providerdirectory.coventry-medicare.com>. Our customer service number is listed at the end of this introduction.

Advantra Freedom (PPO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

WHAT IF MY DOCTOR PRESCRIBES LESS THAN A MONTH'S SUPPLY?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Advantra Freedom (PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Advantra Freedom (PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to

coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.FHDFormulary.coventry-medicare.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Advantra Freedom (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Advantra Freedom (PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Advantra Freedom (PPO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Advantra Freedom (PPO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin: By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.

- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can find the Plan Ratings information by using the Find health & drug plans web tool on medicare.gov to compare the plan ratings in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call COVENTRY HEALTH CARE for more information about Advantra Freedom (PPO).

Visit us at <http://coventry-medicare.coventryhealthcare.com> or, call us:

Customer Service Hours for October 1 – February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

Customer Service Hours for February 15 – September 30:

Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

Current members should call toll-free (800)727-9712 for questions related to the Medicare Advantage Program. (TTY/TDD 711)

Current members should call locally (800)727-9712 for questions related to the Medicare Advantage Program. (TTY/TDD 711)

Current members should call toll-free (866)294-9803 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 711)

Current members should call locally (866)294-9803 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit <http://www.medicare.gov> on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.		
SECTION II - SUMMARY OF BENEFITS		
Benefit	Original Medicare	Advantra Freedom (PPO)
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	<p>In 2013 the monthly Part B Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>\$83 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare "limiting charge"</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
	<p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>does not apply. See the publications Medicare & You or Your Medicare Benefits available on http://www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type.</p> <p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit http://www.medicare.gov/physician or http://www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network \$1,000 out-of-pocket limit. All plan services included.</p> <p>In and Out-of-Network \$10,000 out-of-pocket limit. All plan services included.</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
2 - Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	In-Network No referral required for network doctors, specialists, and hospitals. In and Out-of-Network You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.

INPATIENT CARE

3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>In 2013 the amounts for each benefit period were: Days 1 - 60: \$1,184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period</p>	<p>General Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> - Days 1 - 5: \$150 copay per day - Days 6 - 90: \$0 copay per day <p>\$0 copay for additional non-Medicare-covered hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network 20% of the cost for each Medicare-covered hospital stay.</p>
------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
	has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
4 - Inpatient Mental Health Care	<p>In 2013 the amounts for each benefit period were: Days 1 - 60: \$1,184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>General Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> - Days 1 - 5: \$150 copay per day - Days 6 - 90: \$0 copay per day <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network 20% of the cost for each Medicare-covered hospital stay.</p>
5 - Skilled Nursing	In 2013 the amounts for	General

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
Facility (SNF) (in a Medicare-certified skilled nursing facility)	<p>each benefit period after at least a 3-day Medicare-covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$148 per day These amounts may change for 2014.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required. For Medicare-covered SNF stays:</p> <ul style="list-style-type: none"> - Days 1 - 7: \$0 copay per day - Days 8 - 100: \$50 copay per day <p>Out-of-Network 20% of the cost for each Medicare-covered SNF stay.</p>
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p>General Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network \$0 copay for Medicare-covered home health visits</p> <p>Out-of-Network</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
		\$0 copay for Medicare-covered home health visits
7 - Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</p>
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance	<p>In-Network \$10 copay for each Medicare-covered primary care doctor visit.</p> <p>\$25 copay for each Medicare-covered specialist visit.</p> <p>Out-of-Network 20% of the cost for each Medicare-covered primary care doctor visit</p> <p>20% of the cost for each Medicare-covered specialist visit</p>
9 - Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	<p>In-Network \$20 copay for each Medicare-covered chiropractic visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p> <p>Out-of-Network 20% of the cost for Medicare-covered chiropractic visits.</p>
10 - Podiatry Services	Supplemental routine care not covered.	<p>In-Network \$30 copay for each Medicare-covered podiatry visit</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
	20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<p>\$15 copay for up to 2 supplemental routine podiatry visit(s) every year.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care.</p> <p>Out-of-Network 20% of the cost for Medicare-covered podiatry visits</p>
11 - Outpatient Mental Health Care	<p>20% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General Prior Authorization is required from contracted Mental Health vendor. Contact information is listed on the back of your health plan ID card.</p> <p>In-Network <p>\$30 copay for each Medicare-covered individual therapy visit</p> <p>\$15 copay for each Medicare-covered group therapy visit</p> <p>\$30 copay for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>\$15 copay for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$0 copay for Medicare-covered partial hospitalization program services</p> </p> <p>Out-of-Network <p>20% of the cost for Medicare-covered Mental Health visits with a psychiatrist</p> <p>20% of the cost for Medicare-covered Mental Health visits</p> </p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
		20% of the cost for Medicare-covered partial hospitalization program services
12 - Outpatient Substance Abuse Care	20% coinsurance	<p>General Prior Authorization is required from contracted Mental Health vendor. Contact information is listed on the back of your health plan ID card.</p> <p>In-Network \$30 copay for Medicare-covered individual substance abuse outpatient treatment visits</p> <p>\$15 copay for Medicare-covered group substance abuse outpatient treatment visits</p> <p>Out-of-Network 20% of the cost for Medicare-covered substance abuse outpatient treatment visits</p>
13 - Outpatient Services	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>General Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network \$150 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$150 copay for each Medicare-covered outpatient hospital facility visit</p> <p>Out-of-Network 20% of the cost for Medicare-covered outpatient hospital facility visits</p> <p>20% of the cost for Medicare-covered ambulatory surgical center visits</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
<p>14 - Ambulance Services</p> <p>(medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>General Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$100 copay for Medicare-covered ambulance benefits.</p>
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General \$50 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed-care visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$30 copay for Medicare-covered urgently-needed-care visits</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p>	<p>General</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered Occupational Therapy visits</p> <p>\$0 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</p> <p>Out-of-Network</p> <p>20% of the cost for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</p> <p>20% of the cost for Medicare-covered Occupational Therapy visits.</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance	<p>General Prior Authorization is required for DME equipment purchases over \$500 and all rental items (except Oxygen).</p> <p>In-Network 20% of the cost for Medicare-covered durable medical equipment</p> <p>Out-of-Network 20% of the cost for Medicare-covered durable medical equipment</p>
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	<p>General Prior Authorization for services and equipment greater than \$500 is required.</p> <p>In-Network 20% of the cost for Medicare-covered prosthetic devices</p> <p>20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p> <p>Out-of-Network 20% of the cost for Medicare-covered prosthetic devices.</p>
20 - Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for preferred glucose meters and test strips.</p> <p>\$5 copay for non-preferred vendor test strips, and all other diabetic supplies.</p> <p>20% coinsurance for non-preferred</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
		<p>vendor glucose monitors and Therapeutic shoes and inserts.</p> <p>Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing may apply</p> <p>Out-of-Network 20% of the cost for Medicare-covered Diabetes self-management training</p> <p>20% of the cost for Medicare-covered Diabetes monitoring supplies</p> <p>20% of the cost for Medicare-covered Therapeutic shoes or inserts</p>
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare.</p>	<p>General Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network \$0 copay for Medicare-covered lab services</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$0 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
	Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.	<p>\$0 copay for Medicare-covered therapeutic radiology services</p> <p>If a doctor provides services in addition to diagnostic tests and therapeutic services, separate physician or facility cost share may apply.</p> <p>If you obtain Outpatient Diagnostic MRI/PET services at a Hospital or Ambulatory Surgical facility a separate facility copay may apply.</p> <p>Out-of-Network</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p> <p>20% of the cost for Medicare-covered outpatient X-rays</p> <p>20% of the cost for Medicare-covered diagnostic radiology services</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests</p> <p>20% of the cost for Medicare-covered lab services</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
22 - Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$0 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$0 copay for Medicare-covered Pulmonary Rehabilitation Services</p> <p>Out-of-Network 20% of the cost for Medicare-covered Cardiac Rehabilitation Services</p> <p>20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>20% of the cost for Medicare-covered Pulmonary Rehabilitation Services</p>

PREVENTIVE SERVICES

23 -Preventive Services	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal 	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Out-of-Network 20% of the cost for Medicare-covered preventive services</p>
-------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
	<p>Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <ul style="list-style-type: none"> - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women 	

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
	<p>between ages 35-39.</p> <ul style="list-style-type: none"> - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes 	

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
	<p>two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <ul style="list-style-type: none"> - Screening and behavioral counseling interventions in primary care to reduce alcohol misuse - Screening for depression in adults - Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs - Intensive behavioral counseling for Cardiovascular Disease (bi-annual) - Intensive behavioral therapy for obesity - Welcome to Medicare Preventive Visits (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
24 - Kidney Disease and Conditions	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p>General Prior Authorization applies (See <i>Chapter 4 in your Evidence of Coverage</i>).</p> <p>In-Network \$0 copay for Medicare-covered renal dialysis</p> <p>\$0 copay for Medicare-covered kidney disease education services</p> <p>Out-of-Network 20% of the cost for Medicare-covered kidney disease education services</p> <p>20% of the cost for Medicare-covered renal dialysis</p>

PRESCRIPTION DRUG BENEFITS

25 - Outpatient Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>20% of the cost for Medicare Part B drugs out-of-network.</p> <p>Drugs covered under Medicare Part D</p> <p>This plan does not offer prescription Drug coverage.</p>
------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network This plan covers only Medicare-covered dental services.</p> <p>\$0 for Medicare-covered dental office services</p> <p>\$150 copay for Medicare-covered dental benefits in an outpatient facility</p> <p>Out-of-Network 20% of the cost for Medicare-covered comprehensive dental benefits</p>
27 - Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for up to one routine hearing test every year</p> <p>You are covered up to \$500 for hearing aids every three years</p> <p>Out-of-Network 20% of the cost for Medicare-covered diagnostic hearing exams.</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
28 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network</p> <p>Non-Medicare covered eyeglasses not covered.</p> <p>\$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery <p>If the doctor provides you services in addition to eye exams, separate cost sharing may apply</p> <p>Out-of-Network</p> <p>20% of the cost for Medicare-covered eye exams</p> <p>20% of the cost for supplemental routine eye exams</p> <p>20% of the cost for Medicare-covered eyewear</p>

If you have any questions about this plan's benefits or costs, please contact COVENTRY HEALTH CARE for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra Freedom (PPO)
Wellness/ Education and Other Supplemental Benefits & Services	Not covered.	<p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Nutritional Benefit - Health Club Membership/Fitness Classes - Nursing Hotline <p>Out-of-Network \$50 copay for supplemental education/wellness programs</p>
Over-the-Counter Items	Not covered.	<p>General The plan does not cover Over-the-Counter items.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover supplemental routine transportation.</p>
Acupuncture and Other Alternative Therapies	Not covered.	<p>In-Network This plan does not cover Acupuncture and other alternative therapies.</p>

